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Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Dosage

Timing

Duration

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine.

Signature _____

Date _____



“Be determined and confident as God will be with you”, inspiring you to “learn, care and share through work, play and prayer”. Deuteronomy 31:6

